PART A: ADMINISTRATIVE INFORMATION

1.a. Batch Number: -- H

b. Type of Review: Original O

          Adjudication A

          Special review S

c. Date of HFD completion: / / Year

2. Code number of person completing this form: 

PART B: REVIEW OF COMPUTER'S HEART FAILURE DIAGNOSIS

3. Is there evidence of (past or present):
   a. Abnormal LV systolic function? Y N U
   b. Abnormal RV systolic function? Y N U
   c. LV diastolic dysfunction? Y N U

4. Estimated LVEF (worst; related to current hospitalization): a. ≥50% b. 35-49% c. < 35% d. Unknown

5. Assign an overall heart failure diagnosis based on your clinical judgment (select only one)
   Definite decompensated heart failure A
   Possible decompensated heart failure B
   Chronic stable heart failure C
   Heart failure unlikely D
   Unclassifiable E

6. Was this event fatal? Y N

7. Comments:

8. Has this case been completed? Y N